

LOCAL 355 MOUNTAINE FARMERS OF DELMARVA HEALTH & WELFARE PLAN						
			LEVEL 1 AFTER 180 DAYS	LEVEL 2 AFTER 1 YEAR	LEVEL 3 AFTER 2 YEARS	LEVEL 4 AFTER 30 DAYS
VACATION	Hourly 1 week - 1 year 2 weeks - 3 years 3 weeks - 10 years 4 weeks - 20 years 5 weeks - 25+ years Pays 1/2 regular pay for 5 years	Salary 2 weeks - 1 year 3 weeks - 5 years 4 weeks - 15 years 5 weeks - 25 years+ After 30 days out pays 60% of salary until age 65 if totally disabled. Cost depends on salary NO STD - Regular pay for first 90 days if employed over 1 year		1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks None	1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks None	
LTD		Cost depends on hourly rate Max. \$200/week for 26 weeks \$1.50/week Can only pick between 10, 20, 30, 40 & 50,000 life depending upon age and amount determines the cost	None			None
STD			\$70/week 1st day of accident 8th day of illness \$10,000 paid by company	\$105/week 1st day of accident 8th day of illness \$10,000 paid by company	\$175/week 1st day of accident 8th day of illness \$10,000 paid by company	\$175/week 1st day of accident 8th day of illness \$10,000 paid by company
LIFE INS.						
DEPENDENT LIFE	\$1.56/week		None	None	None	None
VISION	\$1.49/week - single \$3.22/week - family	\$3.18/pay - single \$6.89/pay - family 15TH & last day of the month	Max. payment every 2 years - \$65 Weekly	Max. payment every 2 years - \$100 Weekly	Max. payment every 2 years - \$170 Weekly	Max. payment every 2 years - \$170 Weekly
PAY PERIOD	Weekly		Weekly	Weekly	Weekly	Weekly

